



ADDENDUM E

EXTENSION OF PREMISES APPLICATION
(STATE)

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5TH Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595



FOR OFFICE USE ONLY

Approved ☐ Yes ☐ No Date _____

Approved by: _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service – Give specific purpose of change: _____

☐ Temporary change for date(s) of: _____

1. Licensee's Name: _____
Last First Middle

2. Mailing Address: _____
City State Zip

3. Business Name: _____ LICENSE #: _____

4. Business Address: _____
City COUNTY State Zip

5. Business Phone: () _____ Residence Phone: () _____

6. Do you understand Arizona Liquor Laws and Regulations? ☐ YES ☐ NO

7. Have you received approved Liquor Law Training? ☐ NO ☐ YES When? _____

8. What security precautions will be taken to prevent liquor violations in the extended area? _____

9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☐ NO

10. **IMPORTANT:** ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

After completing sections 1-9, take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, _____, hereby declare that I am the APPLICANT filing this application.
(Print full name)

I have read the application and the contents and all statements are true, correct and complete.

X _____
(Signature of Owner or Agent)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

Investigation Recommendation _____ Date: _____